

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/02/2025	
NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD , INDIANAPOLIS, Indiana, 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00462246.</p> <p>Complaint IN00462246-Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Survey date: July 2, 2025</p> <p>Facility number: 000070</p> <p>Provider number: 155149</p> <p>AIM number: 100266190</p> <p>Census Bed Type:</p> <p>SNF/NF: 73</p> <p>SNF: 5</p> <p>Total: 78</p> <p>Census Payor Type:</p> <p>Medicare: 6</p> <p>Medicaid: 63</p> <p>Other: 9</p> <p>Total: 78</p>			F0000			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0000	Continued from page 1			F0000			
F0921 SS = D	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on July 2, 2025.</p> <p>Safe/Functional/Sanitary/Comfortable Environ</p> <p>CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure a clean, sanitary, and homelike environment was provided for 1 of 12 rooms reviewed for environment. (Room 60)</p> <p>Findings include:</p> <p>During an observation, on 7/2/25 at 9:18 a.m., Room 60 had an old urine smell to it. There were approximately 7 different flies in the room. 2 flies were crawling on top of Resident B as he was sleeping. There were also 2 flies in his cup of juice and a sock on his bedside table. The bedside commode had a very small amount of dark yellow urine in the basin. In Room 60's bathroom, there was a dried, dark brown substance smeared on the toilet with 2 flies crawling on the substance. There was also a puddle of liquid on the floor with dark yellow liquid on the trash can liner.</p> <p>Resident B and C resided in Room 60.</p> <p>The clinical record for Resident B was reviewed on 7/2/25 at 10:15 a.m. The diagnoses included, but were not limited to, dementia, osteoarthritis, and encephalopathy (a brain disease which could cause confusion).</p> <p>A current care plan, last revised on 6/20/25, indicated Resident B required assistance with toileting due to</p>			F0921			07/21/2025

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F0921 SS = D	<p>Continued from page 2 decreased mobility, weakness, and incontinence. Interventions included, but were not limited to, assistance with incontinence care as needed.</p> <p>The clinical record for Resident C was reviewed on 7/2/25 at 10:15 a.m. The diagnoses included, but were not limited to, dementia, chronic kidney disease stage 3, and depressive episodes.</p> <p>A current care plan, last revised on 5/13/25, indicated Resident C required assistance with toileting due to decreased mobility, weakness, incontinence, and the diagnoses of dementia. Interventions included, but were not limited to, assistance with incontinence care as needed.</p> <p>During an interview, on 7/2/25 at 9:25 a.m., Qualified Medication Assistant (QMA) 2 indicated there were several flies in the room. Staff were supposed to clean out the basin after each use of the bedside commode.</p> <p>During an interview, on 7/2/25 at 9:35 a.m., Certified Nursing Assistant (CNA) 3 indicated there was usually a liner placed in the bedside commode and staff would change it after each use. When CNA 3 went into the bathroom, she was observed to shoo away a fly and indicated the dark brown substance on the toilet appeared to be feces.</p> <p>During an interview, on 7/2/25 at 9:38 a.m., Housekeeper 4 indicated she was not sure the last time the bathroom was cleaned. She was "usually just a fill in" and it appeared to her that the dark brown substance on the toilet appeared to be feces.</p> <p>During an interview, on 7/2/25 at 10:10 a.m., the Executive Director (ED) indicated the housekeepers cleaned up messes, but the CNAs could clean up if the resident had an incontinence episode.</p> <p>During an interview, on 7/2/25 at 12:15 p.m., the ED indicated they did not have a policy which included providing a homelike environment, but it was a mission for the facility.</p> <p>A current facility policy, titled "Resident Rights,"</p>			F0921			

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F0921 SS = D	<p>Continued from page 3 dated as last reviewed on 7/2023 and received from the Director of Nursing on 7/2/25 at 11:50 a.m., indicated "...All staff members recognize the right of residents at all times and residents assume their responsibilities to enable dignity, wellbeing, and proper delivery of care...."</p> <p>This citation relates to Complaint IN00462246.</p> <p>3.1-19(f)(5)</p>			F0921			